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# Call the Midwife

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Extract

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# CALL THE MIDWIFE

Why did I ever start this? I must have been mad! There were dozens of other things I could have been – a model, air hostess, or a ship's stewardess. The ideas run through my head, all glamorous, highly paid jobs. Only an idiot would choose to be a nurse. And now a midwife . . .

Two-thirty in the morning! I struggle, half asleep, into my uniform. Only three hours sleep after a seventeen-hour working day. Who would do such a job? It is bitterly cold and raining outside. Nonnatus House itself is cold enough, and the bicycle shed even colder. In the dark I wrench at a bicycle and crack my shin. Through blind force of habit, I fit my delivery bag on to the bicycle, and push it out into the deserted street.

Round the corner, Leyland Street, across the East India Dock Road and then on to the Isle of Dogs. The rain has woken me up and the steady pedalling calms my temper. Why did I ever go into nursing? My thoughts flit back five or six years. Certainly there had been no feeling of vocation, none of the burning desire to heal the sick that nurses are supposed to feel. What was it then? A broken heart certainly, the need to get away, a challenge, the sexy uniform with the cuffs and ruffs, the pinched-in waists and pert little caps. Were they reasons though? I can't tell. As for the sexy uniform, that's a laugh, I think as I pedal through the rain in my navy gabardine, with the cap pulled down well over my head. Sexy, indeed.

Over the first swing bridge that closes off the dry docks. All day they teem with noise and life, as the great vessels are loaded and unloaded. Thousands of men: dockers, stevedores, drivers, pilots, sailors, fitters, crane drivers, all toiling ceaselessly. Now the docks are silent, the only sound is the movement of water. The darkness is intense.

Past the tenements where countless thousands sleep, probably four or five to a bed, in their little two-room flats. Two rooms for a family of ten or twelve children. How do they manage it?

I cycle on, intent on getting to my patient. A couple of policemen wave and call out their greetings; the human contact raises my spirits no end. Nurses and policemen always have a rapport, especially in the East End. It's interesting, I reflect, that they always go around in pairs for mutual protection. You never see a policeman alone. Yet we nurses and midwives are always alone, on foot or bicycle. We would never be touched. So deep is the respect, even reverence, of the roughest, toughest docker for the district midwives that we can go anywhere alone, day or night, without fear.

The dark unlit road lies before me. The road around the Isle is continuous, but narrow streets lead off it, criss-crossing each other, each containing thousands of terraced houses. The road has a romantic appeal because the sound of the moving river is always present.

Soon I turn off the West Ferry Road into the side streets. I can see my patient's house at once – the only house with a light on.

It seems there is a deputation of women waiting inside to greet me. The patient's mother, her grandmother (or were they two grandmothers?), two or three aunts, sisters, best friends, a neighbour. Well thank God Mrs Jenkins isn't here this time, I think.

Lurking somewhere in the background of this powerful sisterhood is a solitary male, the origin of all the commotion. I always feel sorry for the men in this situation. They seemed so marginalised.

The noise and the chatter of the women engulfs me like a blanket.

"Hello luvvy, how's yerself? You got 'ere nice an' quick, ven."

"Let's 'ave yer coat and yer 'at."

"Nasty night. Come on in an' get warm, ven."

"How about a nice cup o' tea? That'll warm the cockles, eh, luvvy?"

"She's upstairs, where you left 'er. Pains about every five

minutes. She's been asleep since you left, just afore midnight. Then she woke up, about two-ish, pains gettin' worse, an' faster, so we reckons as 'ow we ought 'a call the midwife, eh, Mum?"

Mum agrees, and bustles forth authoritatively.

"We got the water hot, an' a load o' nice clean towels, an' got the fire goin', so it's all nice an' warm for the new baby."

I have never been able to talk much, and in this situation I don't need to. I give them my coat and hat, but decline their tea, as experience has taught me that, in general, Poplar tea is revolting: strong enough to creosote a fence, stewed for hours, and laced with sticky sweet condensed milk.

I am glad that I shaved Muriel earlier in the day when the light was good enough to do it without risk of cutting her. I also gave the required enema at the same time. It's a job I hate, so thankfully it is over; besides which, who would want to give a two-pint soap-and-water enema (especially if there was no lavatory in the house), with all the resultant mess and smell, at two-thirty in the morning?

I go upstairs to Muriel, a buxom girl of twenty-five who is having her fourth baby. The gaslight sheds a soft warm glow over the room. The fire blazes fiercely, and the heat is almost suffocating. A quick glance tells me that Muriel is nearing the second stage of labour – the sweating, the slight panting, the curious in-turned look that a woman has at this time as she concentrates every ounce of her mental and physical strength on her body, and on the miracle she is about to bring forth. She doesn't say anything, just squeezes my hand and gives a preoccupied smile. I left her three hours earlier, in the first stage of labour. She had been niggling in false labour all day and was very tired, so I gave chloral hydrate at about 10 p.m., in the hope that she would sleep all night and wake in the morning refreshed. It hasn't worked. Does labour ever go the way you want it to?

I have to be sure how far on she is, so prepare to do a vaginal examination. As I scrub up, another pain comes on – you can see it building in strength until it seems her poor body will break apart. It has been estimated that, at the height of labour, each uterine contraction exerts the same pressure as the closing of the doors of

an underground tube train. I can well believe it as I watch Muriel's labour. Her mother and sister are sitting with her. She clings to them in speechless, gasping agony, a breathless moan escaping her throat until it passes, then sinks back exhausted, to gather her strength for the next contraction.

I put on my gloves and lubricate my hand. I ask Muriel to draw her knees up, as I wanted to examine her. She knows exactly what I am going to do, and why. I put a sterile sheet under her buttocks and slip two fingers into her vagina. The head well down, anterior presentation, only a thin rim of cervix remaining, but waters apparently not yet broken. I listen to the foetal heart, a steady 130. Good. That is all I need to know. I tell her everything is normal, and that she hasn't far to go now. Then another pain starts, and all words and actions have to be suspended in the enormous intensity of labour.

My tray has to be set out. The chest of drawers has been cleared in advance to provide a working surface. I lay out my scissors, cord clamps, cord tape, foetal stethoscope, kidney dishes, gauze and cotton swabs, artery forceps. Not a great deal is necessary, in any case it has to be easily portable, both on a bicycle, and up and down the miles of tenement stairs and balconies.

The bed has been prepared in advance. We supplied a maternity pack, which was collected by the husband a week or two before delivery. It contains maternity pads – "bunnies" we call them – large absorbent sheets, which are disposable, and non-absorbent brown paper. This brown paper looks absurdly old fashioned, but it is entirely effective. It covers the whole bed, all the absorbent pads and sheets can be laid on it and, after delivery, everything can be bundled up into it and burned.

The cot is ready. A good size washing bowl is available, and gallons of hot water are being boiled downstairs. There is no running hot water in the house and I wonder how they used to manage when there was no water at all. It must have been an all night job, going out to collect it and boiling it up. On what? A range in the kitchen that had to be fuelled all the time, with coal if they could afford it, or driftwood if they couldn't.

But I haven't much time to sit and reflect. Often in a labour you can wait all night, but something tells me this one will not go that way. The increasing power and frequency of the pains, coupled with the fact that it is a fourth baby, indicate the second stage is not far away. The pains are coming every three minutes now. How much more can she bear, how much can any woman bear? Suddenly the sac bursts, and water floods the bed. I like to see it that way; I get a bit apprehensive if the waters break early. After the contraction, the mother and I change the soaking sheets as quickly as we can. Muriel can't get up at this stage, so we have to roll her. With the next contraction I see the head. Intense concentration is now necessary.

With animal instinct she begins pushing. If all is well, a multigravida can often push the head out in seconds, but you don't want it that way. Every good midwife tries to ensure a slow steady delivery of the head.

"I want you on your left side, Muriel, after this contraction. Try not to push now while you are on your back. That's it, turn over dear, and face the wall. Draw your right leg up towards your chin. Breathe deeply, carry on breathing like that. Just concentrate on breathing deeply. Your sister will help you." I lean over the low sagging bed. All beds seem to sag in the middle in these parts, I think to myself. Sometimes I have had to deliver a baby on my knees. No time for that now though, another contraction is coming.

"Breathe deeply, push a little; not too hard." The contraction passes and I listen to the foetal heart again: 140 this time. Still quite normal, but the raised heartbeat shows how much a baby goes through in the ordeal of being born. Another contraction.

"Push just a little Muriel, not too hard, we'll soon have your baby born."

She is beside herself with pain, but a sort of frantic elation comes over a woman during the last few moments of labour, and the pain doesn't seem to matter. Another contraction. The head is coming fast, too fast.

"Don't push Muriel, just pant – in, out – quickly, keep panting like that."

I am holding the head back, to prevent it bursting out and splitting the perineum.

It is very important to ease the head out between contractions, and as I hold the head back, I realise I am sweating from the effort required, the concentration, the heat and the intensity of the moment.

The contraction passes, and I relax a little, listening to the foetal heart again – still normal. Delivery is imminent. I place the heel of my right hand behind the dilated anus, and push forward firmly and steadily until the crown is clear of the vulva.

"With the next contraction, Muriel the head will be born. Now I don't want you to push at all. Just let the muscles of your stomach do the job. All you have to do is to try to relax, and just pant like mad."

I steel myself for the next contraction which comes with surprising speed. Muriel is panting continuously. I ease the perineum around the emerging crown, and the head is born.

We all breathe a sigh of relief. Muriel is weak with the effort.

"Well done, Muriel, you are doing wonderfully, it won't be long now. The next pain, and we will know if it's a boy or a girl."

The baby's face is blue and puckered, covered in mucus and blood. I check the heartbeat. Still normal. I observe the restitution of the head through one eighth of a circle. The presenting shoulder can now be delivered from under the pubic arch.

Another contraction.

"This is it Muriel, you can push now – hard."

I ease the presenting shoulder out with a forward and upward sweep. The other shoulder and arm follow, and the baby's whole body slides out effortlessly.

"It's another little boy," cried the mother. "Thanks be to God. Is he healthy, nurse?"

Muriel was in tears of joy. "Oh, bless him. Here, let me have a look. 'Ow, 'e's loverly."

I am almost as overwhelmed as Muriel, the relief of a safe

delivery is so powerful. I clamp the baby's cord in two places, and cut between; I hold him by the ankles upside down to ensure no mucus is inhaled.

He breathes. The baby is now a separate being.

I wrap him in the towels given to me, and hand him to Muriel, who cradles him, coos over him, kisses him, calls him "beautiful, lovely, an angel". Quite honestly, a baby covered in blood, still slightly blue, eyes screwed up, in the first few minutes after birth, is not an object of beauty. But the mother never sees him that way. To her, he is all perfection.

My job is not done, however. The placenta must be delivered, and it must be delivered whole, with no pieces torn off and left behind in the uterus. If there are, the woman will be in serious trouble: infection, ongoing bleeding, perhaps even a massive haemorrhage, which can be fatal. It is perhaps the trickiest part of any delivery, to get the placenta out whole and intact.

The uterine muscles, having succeeded in the massive task of delivering the baby, often seem to want to take a holiday. Frequently there are no further contractions for ten to fifteen minutes. This is nice for the mother, who only wants to lie back and cuddle her baby, indifferent to what is going on down below, but it can be an anxious time for the midwife. When contractions do start, they are frequently very weak. Successful delivery of the placenta is usually a question of careful timing, judgement and, most of all, experience.

They say it takes seven years of practice to make a good midwife. I was only in my first year, alone, in the middle of the night, with this trusting woman and her family, and no telephone in the house.

Please God, don't let me make a mistake, I prayed.

After clearing the worst of the mess from the bed, I lay Muriel on her back, on warm dry maternity pads, and cover her with a blanket. Her pulse and blood pressure are normal, and the baby lies quietly in her arms. All I have to do was to wait.

I sit on a chair beside the bed, with my hand on the fundus in order to feel and assess. Sometimes the third stage can take twenty to thirty minutes. I muse over the importance of patience, and the

possible disasters that can occur from a desire to hasten things. The fundus feels soft and broad, so the placenta is obviously still attached in the upper uterine segment. There are no contractions for a full ten minutes. The cord protrudes from the vagina, and it is my practice to clamp it just below the vulva, so that I can see when the cord lengthens – a sign of the placenta separating and descending into the lower uterine segment. But nothing is happening. It goes through my mind that reports you hear of taxi drivers or bus conductors safely delivering a baby never mention this. Any bus driver can deliver a baby in an emergency, but who would have the faintest idea of how to manage the third stage? I imagine that most uninformed people would want to pull on the cord, thinking that this would help expel the placenta, but it can lead to sheer disaster.

Muriel is cooing and kissing her baby while her mother tidies up. The fire crackles. I sit quietly waiting, pondering.

Why aren't midwives the heroines of society that they should be? Why do they have such a low profile? They ought to be lauded to the skies, by everyone. But they are not. The responsibility they carry is immeasurable. Their skill and knowledge are matchless, yet they are completely taken for granted, and usually overlooked.

All medical students in the 1950s were trained by midwives. They had classroom lectures from an obstetrician, certainly, but without clinical practice lectures are meaningless. So in all teaching hospitals, medical students were attached to a teacher midwife, and would go out with her in the district to learn the skill of practical midwifery. All GPs had been trained by a midwife. But these facts seemed to be barely known.

The fundus tightens and rises a little in the abdomen as a contraction grips the muscles. Perhaps this is it, I think. But no. It doesn't feel right. Too soft after the contraction.

Another wait.

I reflect upon the incredible advance in midwifery practice over the century; the struggle dedicated women have had to obtain a proper training, and to train others. There has been recognised training for less than fifty years. My mother and all her siblings were

delivered by an untrained woman, usually called the "goodwife" or the "handywoman". No doctor was present, I was told.

Another contraction coming. The fundus rises under my hand and remains hard. At the same time the forceps that I had clamped to the cord move a little. I test them. Yes, another four to six inches of cord comes out easily. The placenta has separated.

I ask Muriel to hand the baby over to her mother. She knows what I am going to do. I massage the fundus in my hand until it is hard and round and mobile. Then I grasp it firmly, and push downwards and backwards into the pelvis. As I push, the placenta appears at the vulva, and I lift it out with my other hand. The membranes slide out, followed by a gush of fresh blood and some clotted blood.

I feel weak with relief. It is accomplished. I put the kidney dish on the dresser, to await my inspection, and sit beside Muriel for a further ten minutes massaging the fundus, to ensure that it remains hard and round, which will expel residual blood clots.

In later years oxytocics would be routinely given after the birth of the baby, causing immediate and vigorous uterine contraction, so that the placenta is expelled within three to five minutes of the baby's birth. Medical science marches on! But in the 1950s, we had no such aids to delivery.

All that remains is to clean up. While Mrs Hawkin is washing and changing her daughter, I examine the placenta. It seems complete, and the membranes intact. Then I examine the baby, who appears healthy and normal. I bathe and dress him, in clothes that are ridiculously too big, and reflect upon Muriel's joy and happiness, her relaxed easy countenance. She looks tired, I think, but no sign of stress or strain. There never is! There must be an in-built system of total forgetfulness in a woman; some chemical or hormone that immediately enters the memory part of the brain after delivery, so that there is absolutely no recall of the agony that has gone before. If this were not so, no woman would ever have a second baby.

When everything is shipshape, the proud father is permitted to enter. These days, most fathers are with their wives throughout

labour, and attend the birth. But this is a recent fashion. Throughout history, as far as I know, it was unheard of. Certainly in the 1950s, everyone would have been profoundly shocked at such an idea. Childbirth was considered to be a woman's business. Even the presence of doctors (all men until the late nineteenth century) was resisted, and it was not until obstetrics became recognised as a medical science that men attended childbirth.

Jim is a little man, probably less than thirty but he looks nearer forty. He sidles into the room looking sheepish and confused. Probably my presence makes him tongue-tied, but I doubt if he has ever had a great command of the English language. He mutters, "All right then, girl?" and gives Muriel a peck on the cheek. He looks even tinier beside his buxom wife, who could give him a good five stone in weight. Her flushed pink, newly washed skin makes him look even more grey, pinched and dried out. All the result of a sixty-hour working week in the docks, I think to myself.

Then he looks at the baby, hums a bit – he is obviously thinking deeply about a suitable epithet – clears his throat, and says, "Gaw, he aint 'alf a bit of all right, then." And then he leaves.

I regret that I have not been able to get to know the men of the East End. But it is quite impossible. I belong to the women's world, to the taboo subject of childbirth. The men are polite and respectful to us midwives, but completely withdrawn from any familiarity, let alone friendship. There is a total divide between what is called men's work and women's work. So, like Jane Austen, who in all her writing never recorded a conversation between two men alone, because as a woman she could not know what exclusively male conversation would be like, I cannot record much about the men of Poplar, beyond superficial observation.

I am about ready to leave. It has been a long day and night, but a profound sense of fulfilment and satisfaction lighten my step and lift my heart. Muriel and baby are both asleep as I creep out of the room. The good people downstairs offer me more tea, which again I decline as gracefully as I can, saying that breakfast will be waiting for me at Nonnatus House. I give instructions to call us if there

seems to be any cause for worry, but say that I will be back again around lunch time, and again in the evening.

I entered the house in the rain and the dark. There had been a fever of excitement and anticipation, and the anxiety of a woman in labour, on the brink of bringing forth new life. I leave a calm, sleeping household, with the new soul in their midst, and step out into morning sunlight.

I cycled through the dark deserted streets, the silent docks, past the locked gates, the empty ports. Now I cycle through bright early morning, the sun just rising over the river, the gates open or opening, men streaming through the streets, calling to each other; engines beginning to sound, the cranes to move; lorries turning in through the huge gates; the sounds of a ship as it moved. A dockyard is not really a glamorous place, but to a young girl with only three hours sleep on twenty-four hours of work, after the quiet thrill of a safe delivery of a healthy baby, it is intoxicating. I don't even feel tired.

The swing bridge is open now, which means that the road is closed. A great ocean-going cargo boat is slowly and majestically entering the waters, her bows and funnels within inches of the houses on either side. I wait, dreamily watching the pilots and navigators guide her to her berth. I would love to know how they do it. Their skill is immense, taking years to learn, and is passed on from father to son, or uncle to nephew so they say. They are the princes of the docklands, and the casual labourers treat them with the deepest respect.

It takes about fifteen minutes for a boat to go through the bridge. Time to think. Strange how my life has developed, from a childhood disrupted by the war, a passionate love affair when I was only sixteen, and the knowledge three years later that I had to get away. So, for purely pragmatic reasons, my choice was nursing. Do I regret it?

A sharp piercing sound wakes me from my reverie, and the swing bridge begins to close. The road is open again, and the traffic begins to move. I cycle close to the kerb, as the lorries around me

are a bit intimidating. A huge man with muscles like steel pulls off his cap and shouts, "Mornin' narse."

I shout back, "Morning, lovely day," and cycle on, exulting in my youth, the morning air, the heady excitement of the docks, but above all in the matchless sensation of having delivered a beautiful baby to a joyful mother.

Why did I ever start? Do I regret it? Never, never, never. I wouldn't swap my job for anything on earth.